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DUE DATE APRIL 15, 2006

**THIS SCHEDULE MUST BE FILED EVERY YEAR
REGARDLESS IF ANY ADDITIONS OR DELETIONS WERE MADE**

OIL AND GAS REAL AND PERSONAL PROPERTY

IMPORTANT DOCUMENT – PLEASE READ

CONTENTS

**DS 658 - OIL AND GAS REAL AND PERSONAL PROPERTY
DECLARATION SCHEDULE**

DS 658A - INSTRUCTIONS

FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2006

STATE OF COLORADO
GENERAL INFORMATION

[Declaration Schedules and Attachments Are Confidential And Private Documents By Law.]

For these instructions, please refer to the following statutes: §§ 39-3-118.5, 39-3-119.5, 39-5-104.5, 39-5-107, 39-5-108, 39-5-110, 39-5-113 through 117, 39-5-120, and 39-21-113(7), C.R.S.

WHO FILES A DECLARATION SCHEDULE? All owners and/or operators of oil and/or gas wells that have production and sale of oil and gas during the prior calendar year must file this schedule. In addition, the owner, owner's agent, or person in control of all personal property as of January 1 must file a declaration schedule. All personal property, such as a business/organization's: ■ Equipment ■ Security Devices ■ Machinery, and ■ other personal property not otherwise exempt by law, must be listed on this schedule. For wellsite equipment and common tank batteries, please use the back page of this schedule to note the well type and configuration. All other personal property should be listed separately and attached to this schedule.

IS YOUR BUSINESS NEW? ARE YOU A NEW OWNER? If you answer, "yes" to either question or you have never filed with the county assessor, you are required to provide a complete detailed listing of all machinery, equipment, and other personal property used in the business. Please include: ■ Item ID Number ■ Property Description ■ Model Number ■ Year Acquired ■ Original Installed Cost To You, and ■ If the Property Was Not Put Into Use as of January 1 of the current year. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$2,500, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your account for an audit.**

PRORATION OF PERSONAL PROPERTY VALUE IS GENERALLY NOT ALLOWED.

As of January 1, 1996, the only proration of personal property value allowed is for Works of Art loaned to and used for charitable purposes by an exempt organization. If other taxable personal property was located in Colorado on the assessment date, it is taxable for the entire assessment year, providing that, if it was newly acquired, it was put into use as of the assessment date (January 1). If it was not located in the state on the assessment date, or if it was newly acquired, but was not put into use as of the assessment date, it cannot be taxed until the next assessment year. Except for works of art, personal property that is exempt on the assessment date retains its exempt status for the entire assessment year. These requirements do not affect the proration of real property.

WHEN DO YOU FILE? This form must be received by the county assessor by the April 15 deadline EVERY YEAR.

HOW DO YOU FILE FOR AN EXTENSION AND WHAT HAPPENS IF YOU FAIL TO FILE? At the discretion of the assessor, the operator or owner may be granted an extension of time for filing the declaration schedule. No extension fee payment is required.

As required by § 39-7-101(2), C.R.S., if the owner or operator fails to deliver, or fails to mail this declaration schedule with a postmark on or before April 15th of each year, the assessor may impose a late filing penalty on the owner or operator of \$100 per calendar day past April 15 that the declaration schedule has not been received, not to exceed \$3,000 in any calendar year.

NOTE: Failure to properly file a declaration schedule may prevent you from receiving an abatement per Colorado case law. Property Tax Adm'r. v. Production Geophysical, 860 P.2d 514 (Colo. 1993)

WHY IS THE DECLARATION FORM IMPORTANT? Assessors use this information to help calculate the property's actual value. This value is based on the property's use and condition as of January 1 of each assessment year.

WHAT HAPPENS AFTER YOU SUBMIT THIS FORM? The assessor may request more information or conduct a physical inventory inspection of your personal property at your business location. As permitted by § 39-7-101(3), C.R.S., the assessor may require the owner or operator to submit written documentation supporting the information provided in this declaration schedule. The assessor must receive this requested documentation within 45 days after the date of the postmark on the assessor's written request for the documentation, but no earlier than April 15. Any owner or operator who willfully fails or refuses to comply with the assessor's request for this written documentation may be assessed a fine of \$100 for each day of such willful failure or refusal, not to exceed a total of \$3,000 assessed to any one owner or operator for any one calendar year.

Notices of Valuation are mailed on June 15 to the address listed on this schedule.

INSTRUCTIONS FOR COMPLETING THE OIL AND GAS REAL AND PERSONAL PROPERTY DECLARATION SCHEDULE DS 658

Use one schedule for each wellsite. If your information is combined by field or unit, your information must be segregated by well and accompanied by a signed DS 658. Attach required additional information, as described below, to this declaration schedule. Refer to ARL Volume 3, Chapter 6 for additional information.

- A. **NAME AND ADDRESS:** Write any corrections to the preprinted name/address and/or the Colorado Oil and Gas Conservation Commission (COGCC) number, and as necessary, the property location/legal description information, as well as the American Petroleum Institute (API) number and the well name and number.
- AL. NEW OWNER(S):** If you are not the current owner, please list the name and address of the new owner in the appropriate box. Also, list the date that the property sold to the new owner.
- B. **PROPERTY STATUS:** Check the boxes that best describe your property's status. Enter the date that the well was completed.
- C. **PRODUCTION REPORT FOR PREVIOUS YEAR:** Check the box that describes the method used to value the leasehold interest associated with this wellsite. Note that "Actual Wellhead Price" means gross lease revenues, minus allowable deductions for gathering, transportation, manufacturing, and processing costs borne by the taxpayer that occur between the physical wellhead and the first point of sale, under § 39-7-101(1)(d), C.R.S.

C1 Primary and C2 Secondary Production: Operators of producing oil and gas properties must report the prior year's primary and/or secondary production volume, including total oil produced (BBLs), gas produced (MCF at 14.73 psi), water produced (BBLs), and/or natural gas liquids (BBLs or GALs) produced and the product volume sold or transported from the lease during the previous year, § 39-7-101(1), C.R.S. In the left column of Box B (Gross), list the previous year's total gross lease revenues received for production sold at the first point of sale. In the right column of Box B (Net), list the total net value received for the production sold, after allowable deductions, as defined in § 39-7-101(1)(d), C.R.S., and in Division of Property Taxation's procedures. The Gross and Net amounts listed must be the same as those reported on the Netback Expense Report Form/Supplemental Information Report Form {NERF/SIRF}, if provided to the assessor. The Net amount listed is equal to Gross Revenues minus allowable lease operating expenses, ROI and Rofl, if taken. Do NOT deduct royalties to get the NET amount. List the DAYS CAPABLE OF PRODUCTION, which means 365 days minus the number of days the well was shut down for repairs or maintenance. Filers claiming secondary production must be on record with the Colorado Oil and Gas Conservation Commission (COGCC) as approved for secondary production.

As required by § 39-7-101(1.5), C.R.S., any non-operating interest owner may submit to the operator, on or before March 15th, a report by certified mail of the actual net taxable revenues and the actual exempt revenues received, but netted back to the wellhead, by the non-operating interest owner for production taken-in-kind (TIK) during the preceding calendar year. Operators shall use this reported information to establish the selling price at the wellhead for taxable TIK production. If any non-operating interest owner fails to timely provide this information to the operator, the operator shall report the operator's weighted average selling price at the wellhead, during the preceding calendar year, as the non-operating interest owner's selling price at the wellhead for the entire TIK production.

- D. **EXCLUDABLE ROYALTIES:** Royalties paid to the United States or any agency thereof, the State of Colorado or any agency or political subdivision thereof, or any Indian tribe, are excludable from the gross value of the oil and gas sold prior to determination of the taxable value. **No other royalty deductions are allowable.** Please list the name of the governmental entity and the amount actually paid as royalty during the prior calendar year. The royalty percentage exempt from taxation should be the result of dividing the actual dollar amount paid in royalties by the gross lease revenues. If the royalty amount is being paid as product taken-in-kind, you must determine the market value of the product taken-in-kind and list this value as the amount paid as royalty in the appropriate column.
- E. **EQUIPMENT INVENTORY LISTING:** The assessor uses this information to value oil and gas personal property located at the wellsite. Since wellsite and tank battery equipment are valued by the assessor using market value-based equipment lists found in ARL Volume 5, Chapter 6, published by the Division of Property Taxation, you should complete this inventory listing section. In accordance with § 39-3-119.5, C.R.S., your property is exempt from ad valorem taxation if the total actual value (market value) of all taxable well equipment (personal property) owned by you per county is \$2,500 or less. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$2,500, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your account for an audit.** For boxes E1 through E5, check the appropriate boxes or fill in the applicable blanks. If information in boxes E1, E2, E3, E4, E5, F, and G have not changed since last year's filing, please check the **NO CHANGE** box. If you have questions about this section, contact the county assessor or ARL Volume 5 (Personal Property Manual), Chapter 6, Oil and Gas Equipment.
- E1. Well Characteristics:** Please provide the requested data: ■ Basin name, well's depth, and correct well class (oil, gas, or coal seams gas).
- E2. Method of Production:** This is needed to determine correct Basic Equipment List (BEL). Please check the applicable box.
- E3 Installed Equipment:** If the equipment inventory for the well has changed since last year's filing, fill in the blanks with numbers of all equipment items installed at the wellsite. Please check the appropriate overall equipment condition box and provide the average age based on year of manufacture. Please attach a separate listing of any equipment that has undergone major overhaul, describe the overhaul, and estimate the number of years of productive life added to the overhauled equipment.
- E4. Additional Installed Equipment:** Fill in blanks with numbers of additional equipment items installed at the wellsite. Please indicate the type and number of wellheads on the well. A Combo wellhead has a threaded casinghead and a flanged tubinghead. If there are Environmental Control Devices on the leasehold to capture or flare flash emissions, select either "Vapor Recovery System" or "Vapor Flare System (Enclosed Stack). If you have sound wall panels around or on your wellsite please list the number and size of the panels in feet. It may be necessary to attach a full description, if there is insufficient space on the form. Check the condition box to indicate the condition of the equipment.
- E5. Stored Equipment:** Provide the following information for equipment stored at the wellsite: ■ Item ID Number ■ Property Description and Model or Capacity, and ■ Year Acquired. In general, stored equipment is taxable unless it is held for resale and you no longer plan to use this equipment in your operation. To receive an exemption from taxation for stored equipment you must supply an itemized listing of the equipment to the assessor along with the location of the items. Check appropriate overall condition box. Refer to ARL 5, Chapter 6 regarding items held for resale.
- F. **LEASED, LOANED, OR RENTED PERSONAL PROPERTY:** All personal property leased, loaned, or rented to the operator must be listed in this section or on a separate sheet(s). Property rented for 30 days at a time or less, returned at the renter's option, and for which sales/use tax is collected before it is finally sold is considered exempt and should **NOT** be reported. You must identify each item of leased personal property as follows: ■ Owner/Lessor's Name, Address, and Telephone Number ■ Model and Serial Number ■ Lease Number ■ Lease Term (From-To), and ■ Total Amount of Annual Rent. Also, if purchase or maintenance options are included in the lease, provide details of these options on a separate sheet(s).

"CONSUMABLE" PERSONAL PROPERTY EXEMPT FROM TAXATION:

Pursuant to § 39-3-119, C.R.S., personal property items that are classified as "consumable" as defined in ARL Volume 5, Chapter 2, are exempt from taxation and should NOT be listed on this declaration. "Consumable" personal property is defined as any item having a life of one (1) year or less regardless of cost, and any item with a life longer than one year that has an acquisition cost or fair market value of \$250 or less at the time of acquisition. The \$250 limitation applies to each item of personal property fully assembled and ready for use and includes all installation costs, sales taxes, and freight expenses.

- G. **LISTING OF REAL PROPERTY IMPROVEMENTS:** Describe by location all buildings, fixtures, and leasehold improvements, including dates original installed costs.
- H. **DECLARATION AND SIGNATURE:** Provide either your nine-digit Federal Employer Identification Number (FEIN) or your Social Security Number (SSN) § 39-5-107, C.R.S. Print the name of the person signing, phone number, and e-mail address. Then sign, date, and check the appropriate box as to whether you are signing as owner, operator, agent, or person in control of wellsite and equipment. Keep one copy for your records and return this form to the assessor by **April 15th**. When a business personal property tax credit is authorized by statute, your FEIN or SSN **must** be provided to ensure receiving the **maximum** amount allowed by law.

State of Colorado
OIL AND GAS REAL AND PERSONAL PROPERTY
PROPERTY DECLARATION SCHEDULE

2006
Assessment Date January 1
Due Date April 15

County

(CONFIDENTIAL DATA)
(One well per Schedule)

RETURN TO COUNTY ASSESSOR

| | | | | | | | |
|---|-----------|-----------------|--|-------------------|---|--------------|----|
| B.A. CODE | T.A. CODE | SCHEDULE NUMBER | A1. If you are not the current business owner please list the name and address of the new owner below. Date Sold _____ | | | | |
| A. NAME, ADDRESS, and COGCC Operator's Number: (INDICATE ANY CHANGES OR CORRECTIONS) | | | | | | | |
| PHYSICAL LOCATION OF THE PROPERTY OR LEGAL DESCRIPTION AS OF JANUARY 1 ASSESSMENT DATE (INDICATE ANY CHANGES) | | | DO NOT USE – FOR ASSESSOR ONLY | | | | |
| | | | Code | Description | | Actual Value | % |
| | | | 71 | Primary Prod. | | 87.5% | \$ |
| | | | 71 | Secondary Prod. | | 75% | \$ |
| | | | | | | | |
| | | | 72 | Improvements | | 29% | \$ |
| | | | | | | | |
| | | | 74 | Eq., Furn., Mach. | | 29% | \$ |
| | | | TOTALS | | | | |
| B. STATUS OF PROPERTY (Check appropriate boxes) <input type="checkbox"/> New Well? <input type="checkbox"/> New Owner? Is This Your First Return? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | API# _____ Well Name and Number: _____ Date Well Completed: _____ (mo/yr) | | RECEIVED _____ APPROVED _____ COMPLETED _____ ABSTRACT CHGS. _____ | | |
| | | | LATE FILING PENALTY APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

C. PRODUCTION REPORT FOR PREVIOUS YEAR – Check box for valuation method used.

☐ Actual Wellhead Price ☐ Comparable Price Used to Value Producer/Processor's Leasehold ☐ Related and/or Unrelated Party Netback

| C1. PRIMARY PRODUCTION – Attach TIK Report, See Instructions | | | | | | FOR ASSESSOR'S USE ONLY | |
|---|------------------------------|--|----------------------------------|------------------------|-----|--|--------------|
| TYPE | UNIT | Total Produced: (Should Reconcile to COGC Form 7) | A Sold or Transported From Lease | B Total Value Received | | ALLOWED ROYALTY EXCLUSION | ACTUAL VALUE |
| | | | | Gross | Net | | |
| OIL | BBL | | | \$ | \$ | \$ | \$ |
| GAS | MCF | | | \$ | \$ | \$ | \$ |
| WATER | BBL | | | | | | |
| NGLs | <input type="checkbox"/> GAL | | | \$ | \$ | \$ | \$ |
| | <input type="checkbox"/> BBL | | | \$ | \$ | \$ | \$ |
| DAYS CAPABLE OF PRODUCTION: (365 Days, less actual downtime) = _____ Days | | | | | | TOTALS \$ _____ \$ _____ Box "B" (Net) Divided by Box "A" = _____ Bbls Box "B" (Net) Divided by Box "A" = _____ Mcf | |

| C2. SECONDARY PRODUCTION – Attach TIK Report, See Instructions | | | | | | FOR ASSESSOR'S USE ONLY | |
|---|------------------------------|--|----------------------------------|------------------------|-----|--|--------------|
| TYPE | UNIT | Total Produced: (Should Reconcile to COGC Form 7) | A Sold or Transported From Lease | B Total Value Received | | ALLOWED ROYALTY EXCLUSION | ACTUAL VALUE |
| | | | | Gross | Net | | |
| OIL | BBL | | | \$ | \$ | \$ | \$ |
| GAS | MCF | | | \$ | \$ | \$ | \$ |
| WATER | BBL | | | | | | |
| NGLs | <input type="checkbox"/> GAL | | | \$ | \$ | \$ | \$ |
| | <input type="checkbox"/> BBL | | | \$ | \$ | \$ | \$ |
| DAYS CAPABLE OF PRODUCTION: (365 Days, less actual downtime) = _____ Days | | | | | | TOTALS \$ _____ \$ _____ Box "B" (Net) Divided by Box "A" = _____ Bbls Box "B" (Net) Divided by Box "A" = _____ Mcf | |

D. EXCLUDABLE ROYALTIES

Excludable royalty amounts are limited to the fractional interest owned by the U.S. Government, any Government agency, the State of Colorado, any agency or political subdivision of the State of Colorado, or any Indian tribe. The taxpayer must list the dollar amount of royalties actually paid. The "Royalty % Exempt From Taxation" is based on the dollar amount actually paid.

| Name of Government Entity | Royalty \$ Exempt From Taxation | Royalty % Exempt From Taxation |
|---------------------------|---------------------------------|--------------------------------|
| | | |
| | | |
| | | |

SEE OTHER SIDE

E. EQUIPMENT INVENTORY LISTING

Since wellsite and tank battery equipment is valued by the assessor from an oil and gas equipment market value manual published by the Division of Property Taxation, you should complete this section. In accordance with § 39-3-119.5, C.R.S., your property is exempt from ad valorem taxation if the total actual value (market value) of all well equipment (personal property) owned by you per county is \$2,500 or less. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$2,500, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your business for an audit.** ☐ Check here if there is **NO CHANGE** to boxes E1 through E5, F, and G.

E1. WELL CHARACTERISTICS

| | |
|---|--------------------|
| BASIN NAME _____ | DEPTH _____ |
| CLASS (check one) <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> COAL SEAMS GAS | |

E2. METHOD OF PRODUCTION – Check where applicable.

| |
|---|
| METHOD OF LIFT: <input type="checkbox"/> FLOWING <input type="checkbox"/> PUMPING <input type="checkbox"/> PLUNGER LIFT <input type="checkbox"/> HYDRAULIC UNIT <input type="checkbox"/> PROGRESSIVE CAVITY |
| MOTOR TYPE: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ESP (Electric Submersible Pump) |
| TANKS INSTALLED: <input type="checkbox"/> ON SITE <input type="checkbox"/> COMMON TANK BATTERY |
| SECONDARY WELL TYPE: <input type="checkbox"/> SUPPLY <input type="checkbox"/> DISPOSAL <input type="checkbox"/> INJECTION: IF INJECTION WELL <input type="checkbox"/> CO2 <input type="checkbox"/> WATER |

E3. INSTALLED EQUIPMENT – Indicate the number of each on location.

| |
|---|
| COUNT OF: _____ # TANKS _____ # TANKS IN COMMON TANK BATTERY _____ # HEATER TREATER(S) |
| COUNT OF: _____ # PRODUCTION UNIT(S) _____ # DEHYDRATOR(S) _____ # SEPARATOR(S) |
| OVERALL EQUIPMENT CONDITION (check one): <input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM |

Based on year of manufacture, indicate the average age of installed wellsite equipment.

_____ Years

Please attach a separate listing of equipment that has been overhauled.

E4. ADDITIONAL INSTALLED EQUIPMENT – Indicate the number of each on location.

| | | |
|--|--|--|
| RADIO TELEMETRY UNIT (RTU) _____ # Large _____ # Small _____ # Master | CATHODIC PROTECTION UNIT _____ # w/Rectifier _____ # w/Solar Panels | ENVIRONMENTAL CONTROL DEVICE _____ # Vapor Recovery System(s) _____ # Vapor Flare System(s) (Enclosed Stack) |
| _____ # IN-LINE HEATER _____ # CHEMICAL PUMP _____ # RECYCLE PUMP _____ # GAS METER RUN _____ # LACT UNIT | | |
| _____ # GAS BOOSTER LINE COMPRESSOR (15-30 HP) _____ # WELLHEAD: <input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Combo | | |
| OVERALL EQUIP. CONDITION: <input type="checkbox"/> VGD. <input type="checkbox"/> AVG <input type="checkbox"/> MIN SOUND PANELS: # _____ Size _____ x _____ # _____ Size: _____ x _____ | | |

E5. STORED EQUIPMENT – Attach additional itemized listing if needed.

| Item ID Number | Description/Model or Capacity | Check box if item is being held for resale. |
|--|-------------------------------|--|
| | | <input type="checkbox"/> Item is being held for resale |
| | | <input type="checkbox"/> Item is being held for resale |
| OVERALL STORED EQUIPMENT CONDITION (check one): <input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM | | |

F. LEASED, LOANED, OR RENTED PROPERTY (Declare personal property owned by others or attach separate sheet.)

| Owner/Lessor's Name, Address, and Telephone Number | Description | Model/Serial Number | Lease Number | Term (From – To) | Annual Rent |
|--|-------------|---------------------|--------------|------------------|-------------|
| | | | | | |

G. LISTING OF REAL PROPERTY IMPROVEMENTS (Attach separate sheet if necessary.)

| Location | Description | Date Installed | Original Installed Cost |
|----------|-------------|----------------|-------------------------|
| | | | |
| | | | |

H. DECLARATION**THIS RETURN IS SUBJECT TO AUDIT**

"I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2), C.R.S.

I further declare that I have personally examined the information contained within this schedule and that this schedule sets forth the information requested to the best of my knowledge and belief. However, "no representations are made as to the accuracy of the value of any portion of the production from subject property that is taken in kind by any owner other than the undersigned." § 39-7-101(1)(f), C.R.S.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) / SOCIAL SECURITY NUMBER (SSN) _____

PRINT NAME OF PERSON SIGNING _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

SIGNATURE* _____ DATE _____

Please check the appropriate box below:

*Signing as: ☐ Owner ☐ Operator ☐ Agent ☐ Person in control of wellsite and equipment

PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2006.

KEEP ONE COPY FOR YOUR RECORDS.